PTO/SB/06 (08-03 Approved for use through 7/31/2006, OMB 0651-003 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCI Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number													
PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875										Applic 10	Application or Docket Number		
CLAIMS AS FILED PART I (Column 1) (Column 2) SI									. ENTITY	OR		R THAN L ENTITY	
			NUMBER FIL	ED	NUMBER EXTRA :		7	RATE	FEE	7			
	SIC FEE CFR 1.16(a))						1	100.0	\$	┥ 。。	RATE	FEE	
	TAL CLAIMS CFR 1.16(c))		. minus 20 ≈				7	x \$ =	<del>  •</del>	OR	<u> </u>	<del> </del>	
	DEPENDENT CLA	VMS		s 3 =	<u>.                                      </u>		1			OR	× \$=	<del> </del>	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1	× \$=	╁┈┈	OR	× \$=	<del> </del>	
.11	* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL	<del>  .                                   </del>	OR	+\$=		
CLAIMS AS AMENDED - PART II												ļ	
L	5-8-07 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
N T		CLAIM REMAIN AFTE AMENDA	IING R	PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total (37 CFR 1.16(c))	20	Minu		20	<b>*</b>	1	x s =	FEE	OR	X \$ =	FEE	
	Independent (37 CFR 1,16(b))		Minu	s ***	3	0	1	X \$ =		OR	X \$= X \$_ =	-	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+s =		OR		<u>~</u>	
								TOTAL ADD'L FEE		OR	+ \$= TOTAL ADD'L FEE	0	
	(Column 1) (Column 2) (Column 3)									4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B	. '	CLAIM REMAIN AFTEI AMENDM	ING	PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))		Minus	"		=		X \$ =				FEE	
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A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							•	· ·	OR	X \$=		
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		(Column	1) .	(C	olumn 2)	(Column 3)				<b>.</b>			
INT C		CLAIMS REMAINI AFTER AMENDME	NG L	PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
DME	Total (37 CFR 1.16(c))	•	Minus	1"			ŀ	X \$_ =		OR	X \$ ' =	FEE	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***				× \$=		ľ	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +\$									OR OR	+ \$		
TOTAL TOTAL ADD'LEEF OR ADD'LEF													
•	If the entry in column 1 is less than the entry in column 2, write "0" In column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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